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Certificate of Mailing I hereby certify that this Issue Fee Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above on QM12/0127 the date indicated below. NIXON PEABODY LLP 8180 GREENSBORO DRIVE Jeannie Saxton SUITE 800----(Depositor's name) McLEAN, VA 22102 (Signature) +/26/00 (Date) APPLICATION NO. **FILING DATE** TOTAL CLAIMS **EXAMINER AND GROUP ART UNIT DATE MAILED** 08/753,929 12/03/96 006 SAYDAH, 3764 01/27/00 First Named **Applicant** ROTHSCHILD, 35 USC 154(b) term ext. O Days. TITLE OF NATURAL FOOT ORTHOSIS AND METHOD OF MANUFACTURING THE SAME INVENTION

ATTY'S DOCKET NO. **CLASS-SUBCLASS** BATCH NO. APPLN. TYPE SMALL ENTITY **FEE DUE** DATE DUE 3 07920119 602-027.000 H36 UTILITY \$1210.00 04/27/00 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list IIPNixon Peabody, Use of PTO form(s) and Customer Number are recommended, but not required. (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a ☐ Change of correspondence address (or Change of Correspondence Address form Donald R. Studebaker m nber a registered attorney or agent) PTO/SB/122) attached. names of up to 2 registered patent ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached. attorneys or agents. If no name is listed, no name will be printed.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) 4a. The following fees are enclosed (make check payable to Commissioner PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. of Patents and Trademarks): Inclusion of assignee data is only appropriate when an assignment has been previously submitted to 😾 Issue Fee the PTO or is being submitted under separate cover. Completion of this form is NOT a substitue for X Advance Order - # of Copies_ filing an assignment. Rothschild's Orthopedics (A) NAME OF ASSIGNEE 4b. The following fees or deficiency in these fees should be charged to: (B) RESIDENCE: (CITY & STATE OR COUNTRY) Salisbury, Maryland 19-2390 DEPOSIT ACCOUNT NUMBER_ (ENCLOSE AN EXTRA COPY OF THIS FORM) Please check the appropriate assignee category indicated below (will not be printed on the patent) individual Scorporation or other private group entity ☐ government Advance Order - # of Copies _ The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.

(Authorized Signature) (Date) Donald R. Studebaker, Reg. No. 32,815 4/26/00

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